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Draft country programme document**

Sao Tome and Principe

Summary

The draft country programme document for Sao Tome and Principe is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $3,300,000 from regular resources, subject to the availability of funds, and $2,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data[*] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	0.1
U5MR (per 1,000 live births)	118
Underweight (% moderate and severe) (2000)	13
Maternal mortality ratio (per 100,000 live births, 2002)	100
Primary school attendance (% net, male/female, 2000)	77/78
Primary school children reaching grade 5 (%, 2000/2001)	61
Use of improved drinking water sources (%, 2002)	79
Adult HIV prevalence rate (%, end 2003)	--
Child work (%, children 5-14 years old)	14
GNI per capita (US$)	370
One-year-olds immunized against DPT3 (%)	99
One-year-olds immunized against measles (%)	91

[*] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Sao Tome and Principe, an island State in the Gulf of Guinea, Central Africa, is one of the smallest and poorest African countries, with a population of about 150,000. Its constitution guarantees human rights and liberties and encourages a multi-party democracy with freedom of expression. Although the country is peaceful, constant changes of government have created an air of political instability.

2. The country is unlikely to meet all of the Millennium Development Goals, but with continued high-level attention and priority to the social sector, it is reasonable to expect that significant advances will be made in the areas of child and maternal mortality reduction, girls' education and combating HIV/AIDS. More than half of the population live in poverty and 18 per cent in extreme poverty, one indicator of which is the increasing number of street children. Some 52 per cent of the population are women and 47 per cent are children under 15 years of age. Life expectancy is only 63 years.

3. Since independence in 1975, Sao Tome and Principe's development, long dependant on coffee and cocoa exports, has suffered a steady decline. The economy is heavily oriented towards the public sector and dependency on foreign aid is high. External debt reached $320 million in 2004, corresponding to $2,000 owed by every citizen, child and adult. The country will soon be eligible for debt relief under the Heavily Indebted Poor Countries Initiative. However, recent developments have rendered the ultra-deep oil resources in the Atlantic around Sao Tome and Principe accessible to multinational oil companies and the country is expected to join the group of oil-producing States around 2010.

4. According to the national report on the Millennium Development Goals (2004), the infant mortality rate and the under-five mortality rate are 59 and 62 per 1,000 live births respectively, compared to 64 and 98 in 2001. These improvements are due largely to application of integrated development strategies among partners and a consistent pro-child advocacy campaign addressed at the highest levels of the

Government. The main causes of childhood death remain malaria, acute respiratory infections, malnutrition and diarrhoea.

5. Sao Tome and Principe's immunization coverage is the second highest in West and Central Africa and the country was declared polio-free in 2005 thanks to integrated field interventions. An integrated strategy also made significant advances in the combat against malaria, with support from the French Committee for UNICEF. The high level of maternal mortality remains a concern. The key causes are poor equipment and inadequate care of pregnant mothers at the central hospital. High levels of malnutrition are attributed to poor feeding habits, extreme poverty in rural communities and limited care by young mothers, many of whom are themselves children.

6. While about 80 per cent of the population have access to safe drinking water, only 24 per cent use adequate sanitary facilities for human waste. This coupled with poor household and community-based hygiene practices resulted in two cholera outbreaks in 2005 and 2006, with over 2,548 cases and 36 deaths. In response, the Government and partners have commenced sanitation and hygiene interventions directed at households, schools and health centres throughout the country.

7. The HIV prevalence level is low, at 1.1 per cent. Adolescent pregnancy rates remain high, leading to large numbers of girls dropping out of primary and secondary schools. Extreme poverty has created a new level of desperation, resulting in sexual exploitation among minors and street children.

8. Basic primary education is universal and compulsory during the first four years of school. A second phase of grades five and six is not available to children outside of the capital and two other townships. Long walking distances and poor facilities have led many girls to drop out of school before their entry into secondary school.

9. In recent years, advocacy for children's rights has been a key theme in speeches and major policies of the President and the Prime Minister, which helped to create a favourable environment for implementation of programmes for children. Birth registration in particular received maximum attention, with over 15,000 births registered in 2004 and 2005, nearing universal registration. In compliance with recommendations on the country's first report to the Committee on the Rights of the Child, the country has begun to review its laws to ensure their compliance with the Convention on the Rights of the Child.

Key results and lessons learned from previous cooperation, 2002-2006

10. UNICEF supported the Ministry of Health and contributed to improvements in primary health care through a series of integrated interventions leading to reduction of morbidity and mortality. Most significant were the increased immunization coverage rates (99.6 per cent for polio, 95 per cent for tuberculosis and 95 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine and 86 per cent for measles). As a result of convergence of programme interventions (use of insecticide treated bed-nets, house-to-house spraying and use of the artemisinin-based combination therapy (ACT), the number of children under five years of age diagnosed with malaria has dropped from 40 to 20 per cent in three of the most affected districts.

11. As a result of sustained advocacy and community-focused action, 25 mobile birth registration brigades established by UNICEF and the Government registered nearly 15,000 children between 2004 and 2006, resulting in near universal birth registration. UNICEF-assisted programme activities led to the successful integration of birth registration within the Ministry of Health through nurses in district and rural community health centres and clinics, thus providing a basis for ongoing and sustainable birth registration.

12. Support to targeted non-governmental organizations (NGOs) led to the training of 45 girls in the production of locally sewn mosquito nets and the training of local communities in the production of insecticide treated bed-nets as an income-generating activity. A major communication campaign on malaria control reached more than 47,000 people with targeted messages that contributed to a decline in incidences of malaria, in some cases by 30 per cent, in certain communities. The increased availability and use of iodized salt was realized in collaboration with the private sector, which provided and tested iodized salt in local markets throughout the country.

13. Major advocacy in favour of preschool enrolment resulted in an increase in the number of children attending preschool, from 16 to 23 per cent. The Tri-Nation Education Ministers Summit, held in Sao Tome in 2003 on the recommendation of UNICEF and also involving Gabon and Equatorial Guinea, promoted south-south cooperation between countries of Central Africa. It also led to increased leveraging of funds from the World Bank, the European Union and the Government of Brazil in the education sector and boosted state budgetary allocations for the education sector to 18.3 per cent of the national budget for 2006. In 2005-2006, the programme supported the production and distribution of 40,000 copies of *O Meu Livro de Saúde* ("My Health Book") in all primary schools. The book addresses health issues in the local cultural context. In collaboration with the World Food Programme (WFP) and the European Union, UNICEF helped more than 28,000 children nationwide improve their nutritional status through a school feeding programme. In close collaboration with the Ministry of Education, UNICEF also established a model child-friendly school in each district of the country. The introduction of potable water, sanitary facilities and improved teaching facilities in these child-friendly schools led to increased enrolment and retention of students, especially girls. In one school, students were introduced to library facilities, computers and use of the Internet, in alliance with the private sector. The child-friendly schools will be used as models for replication throughout the country.

14. In response to Sao Tome and Principe's initial report in 2004, the Committee on the Rights of the Child recommended that the public should be sensitized to the Convention on the Rights of the Child. The Government has not only widely publicized the Convention, but also called attention to such specific issues as domestic violence. An example of successful advocacy by UNICEF is the Government's decision to provide the resources needed to establish a shelter for victims of domestic violence. The Ministry of Planning and Finance also raised awareness of child rights by widely distributing the "20/20" study undertaken in 2004 with UNICEF assistance. Increased awareness of the Convention has resulted in more than 60 per cent of children becoming involved in local development programming and two sessions of the Children's Parliament, one directly with the National Assembly.

Lessons learned

15. A key lesson learned was the added value of sharing technical and human resources between the three country offices under the Area Office for Gabon, Equatorial Guinea and Sao Tome and Principe. The later thus benefited from additional technical expertise which led to more effective and efficient programming and innovative partnerships with new donors. Examples include the Tri-Nation Education Minister's Summit; the sharing of programme experiences on the Child-Friendly Schools Initiative; the collective use of communication materials, strategies and products for birth registration, and special events like the launch of the *State of the World's Children* report and World AIDS Day.

16. The midterm review (MTR) of the country programme confirmed the success of convergence of programme interventions and recommended the importance of continued identification of additional programme elements suitable for integration at the community level. This strategy has proven an indispensable criterion for ensuring and increasing programme effectiveness and efficiency in an environment that depends on external funding, such as the malaria control programme. UNICEF cooperated with the Governments of Portugal and the United States and with national and international NGOs to complement strategies in malaria control through the building of skills among girls in making insecticide-treated nets, interacting with a house-to-house spraying initiative, a nationwide public media campaign, and the popularization of the new ACT drug regime.

The country programme, 2007-2011

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Policy development, advocacy and partnerships	463	500	963
Capacity-building for child survival, development and protection	1 962	1 500	3 462
Cross-sectoral costs	875	–	875
Total	**3 300**	**2 000**	**5 300**

Preparation process

17. The development of the country programme began with a situation analysis on children and women in Sao Tome and Principe, a series of mini-evaluations and the MTR of 2004. It was complemented through the preparation of the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF). The process was collaborative through the establishment of six thematic groups that received data and information from sectoral ministries, United Nations agencies, the African Development Bank, the international financial institutions, civil society, intellectuals and children. The process was led by the Ministry of Foreign Affairs and Cooperation with technical assistance from the Ministry of Planning and Finance.

18. UNICEF contributed substantively to the preparation of the CCA, which paved the way for identification of the UNDAF priorities. UNICEF also played a leadership role in the education thematic group and a supporting role in the health, nutrition and water and sanitation groups. In November and December 2005, a workshop was conducted in partnership with the Government to identify key UNDAF outcomes. The UNDAF results matrices and country programmes of UNICEF, the United Nations Development Programme (UNDP), the United Nations Population Fund and WFP were then reviewed and adopted during a Joint Strategy Meeting in February 2006.

Goals, key results and strategies

19. The overall goal of the country programme is to contribute to achievement of the Millennium Development Goals by building capacities for the realization of the rights of children and families while creating a child-friendly environment.

20. The country programme will furthermore contribute to the Millennium Development Goals by empowering families to exercise their rights to demand services for children, and strengthening capacities of institutions to offer services ensuring fulfilment of the rights of children and women within national programmes.

21. The expected results include: (a) quality basic education in a healthy school environment, and supply of safe water and sanitation facilities is augmented through increasing the capacities of service providers and improved planning based on needs; (b) the multisectoral response to HIV/AIDS is improved within national institutions and civil society; (c) issues affecting children and families are given a high priority in policy and programme development; (d) capacities are strengthened at the levels of families, communities, civil society, local authorities and institutions in the areas of social policy and social service delivery and their impact on children; (e) capacities of the National Institute of Statistics and the Ministry of Planning and Finance are strengthened on the use of *DevInfo*.

22. UNICEF will continue to support convergence and concentration of its interventions in the same six districts as in the previous programme, with the intention to go to scale after the MTR in 2009. The programme will stress empowerment of families and communities to enable them to demand better services for children. In parallel, capacities of service providers will be strengthened, as will the capacities of institutions for national policy development. Advocacy, communication and strategic partnerships will give visibility and policy support to the mission of UNICEF. Service delivery will be used in selected geographic areas of specific needs and vulnerability, including any emergency response at national level. Children and youth will, to the largest extent possible, be partners in the planning and execution of these activities. UNICEF will support national government development and implementation of large-scale avian flu communication strategies based on the local social, cultural and economic context, building capacities to ensure health and well-being, especially of children, through adoption of protective hygiene and nutrition behaviours and practices to stop the spread of the disease.

Relationship to national priorities and the UNDAF

23. The country programme builds on the poverty reduction strategy paper (PRSP) and national social sector development plans and strategies. The PRSP was developed with a clear orientation towards the Millennium Development Goals and the Millennium Declaration. The country programme will contribute towards achievement of both UNDAF outcomes, namely: (a) by 2011, a significant number of vulnerable populations will have access to quality basic social services and a healthy environment (e.g. quality health services, combating HIV/AIDS, access to basic education and access to safe water and sanitation); and (b) by 2011, public institutions will ensure the protection of human rights.

Relationship to international priorities

24. The programme will contribute to the development of the country's capacities to respect, protect and promote the rights of children and women as defined in the Convention on the Rights of the Child and Convention on the Elimination of All Forms of Discrimination against Women. The country programme addresses the goals of *A World Fit for Children*, the Declaration of the General Assembly Special Session on HIV/AIDS and the UNICEF medium-term strategic plan (MTSP). While the programme will be implemented within the context of the 2005 Roundtable Commitments, it will give special attention to the Plan of Action for the African Family, adopted by the Conference of Head of States of the African Union in Addis Ababa in 2004. That same year, African Ministers for Family Affairs agreed on implementation strategies and monitoring indicators with the objective of empowering African families and strengthening their capacities to ensure the rights of their children to survival, development and protection.

Programme components

25. The new country programme for 2007-2011 is made up of two programmes created within the context of the UNICEF MTSP 2006-2009 and which aim to contribute to the Millennium Declaration and the Millennium Development Goals. While all of the five MTSP focus areas will be addressed, particular emphasis will be given to areas 1 (young child survival and development), 4 (child protection) and 5 (policy advocacy and partnerships for children's rights).

26. The goal of the **policy development, advocacy and partnerships** programme is to ensure that protection and fulfilment of the rights of children and families are given high priority within national policies and programmes. Key results include: (a) child-friendly policies and legislation established to ensure a better programme environment for the attainment of the Millennium Development Goals and the Millennium Declaration; and (b) increased resources mobilized and leveraged for children. This programme consists of two projects.

27. The advocacy and social policy project will support the Government and targeted institutions to generate, manage, analyse and exchange information and data on the situation of children and women. It will maximize the quality and effectiveness of legislation and support harmonization of laws with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, thereby strengthening national and subnational capacities to address accountabilities and rights for children and women. It will establish monitoring and evaluation systems through implementation of integrated

monitoring, evaluation and research activities for the entire country programme. The *DevInfo* database will be used to strengthen data collection systems within the UNDAF, supported by the third Multiple Indicator Cluster Survey (MICS3). The project will also provide an environment for the review of key policies that ensure the attainment of the Millennium Development Goals. Child-friendly policies for child protection and HIV/AIDS will be promoted both to create a protective environment and also with a view to create a more favourable environment for mobilization and leveraging of funds for children.

28. The communication partnership and resource mobilization project will, by 2011, enhance the Government's capacities to access and disseminate information, thereby bringing about behavioural changes and adoption of positive social practices by families. It will also allow for the development of private sector fund-raising opportunities within and outside the country as it moves towards an oil-based economy around 2010. In collaboration with the Directorate of Social Communication, the State's print and broadcast media outlet, UNICEF will support the dissemination of information about social issues related to children, including activities of the United Nations system, to the general public, community leaders and decision makers. This component will also build capacities of media and communication practitioners for better use of communication tools in support of sectoral programme delivery.

29. The goal of the **capacity-building for child survival, development and protection** programme is to strengthen capacities for the realization of child rights at the level of families, communities, service providers and policy makers in the areas of child survival, development and protection. The targets are the annual 6.7 per cent reduction of the under-five mortality rate required to reach Millennium Development Goal 4; and the annual 7.5 per cent reduction in maternal mortality required to achieve Goal 5. On a process level, partnerships with local communities and school authorities will be strengthened for co-management of primary schools, and pro-child legal frameworks and environments will be established for the protection of children and women. The programme will have three projects.

30. The child survival and health promotion project will sustain and build on the high immunization rate among infants and children under five years of age, adding vitamin A supplementation and promoting use of insecticide-treated bed nets. This project will also contribute to reducing maternal mortality through improved services at the central maternity hospital. Information will be shared with mothers and child caregivers, especially young people, on appropriate early childcare practices and the role of communities to demand and participate in co-management of health services. The project will include capacity-building for technical training of front-line health-care workers at district and community levels. The project will enhance the development and application of the Integrated Management of Childhood Illnesses. HIV/AIDS interventions will include the four "Ps" of the *Unite for Children, United against AIDS* campaign centred around sites for providing services for prevention of mother-to-child transmission of HIV/AIDS that will be accessible to all mothers in the country before the midterm of the programme. Civil society groups working at community level will be trained to support programme activities aimed at HIV/AIDS caring groups, orphan care and action against stigmatization.

31. The basic education and protection project will develop community and government ownership of the Child-Friendly School Initiatives. It is a joint project with WFP covering school feeding and school gardens in addition to the child-friendly approach. UNICEF will build partnerships with local communities and school authorities aimed at co-management of all schools throughout the country. The project will also include parental education on the benefits of sending children to preschool centres.

32. Given the high levels of teenage pregnancy and school drop-out rates, special emphasis will be given to life-skills training for girls' empowerment. Communication initiatives like the "Sara" Initiative will be integrated into school programmes. The project will also ensure support for improving the quality of teaching through short-term orientation and skills development sessions, and improved materials and equipment to enhance teaching methodologies, especially in rural communities. Additionally, the project will aim to enhance the legal framework and environment for the protection of children and women. It will support mechanisms to popularize the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and to develop the capacities of legal and enforcement institutions (National Police Force, the armed forces) to protect children from violence, exploitation and abuse. Institutional capacities and mechanisms will be strengthened to monitor and respond to identified cases of child labour. Special emphasis will be given to interventions aimed at reducing violence against girls and women.

33. UNICEF will work closely with the Government, local community groups, UNDP and the World Health Organization in a joint project to increase equitable and sustainable access to and use of safe water and basic sanitation services, and to promote improved hygiene to communities. In parallel, the project will promote access by schools to water and child-friendly sanitation facilities, reinforced by hygiene education. Activities will include environmental education in schools to teach children the behaviours necessary for a sustainable environment. Communities will be taught about the importance of protection and rehabilitation of existing water sources. Emphasis will be put on improved dissemination of information on issues of good hygiene practices, sanitation and protection of water sources. Key results include improved policies and standards on environmental sanitation and hygiene. Support will be given to communities in planning and implementing schemes, training community representatives and ensuring backup support.

34. Cross-sectoral costs will cover salaries of support staff in programme and operations management and staff training, travel and operating costs. They will support inter-country collaboration between Equatorial Guinea, Gabon and Sao Tome and Principe and continued staff exchanges and "south-south cooperation". The office staffing structure will be refined on the basis of experiences from the previous country programme with regard to focal points for each MTSP focus area. Tri-country work planning will be further elaborated with a view to improve the oversight functions of the Area Office and to develop cost-efficient implementation plans.

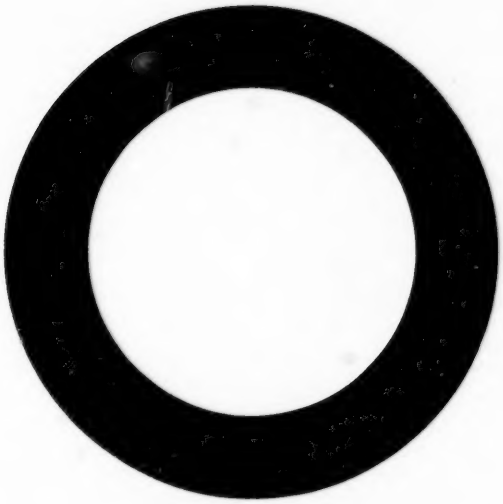
Major partnerships

35. Collaboration with United Nations agencies will be undertaken within the UNDAF. Major partners will include the Ministries of Health, Justice, Planning and

Finance, Education, Culture and Sports, Labour and Solidarity, and Foreign Affairs and Cooperation. Other partners include the National Assembly, the National Radios of Sao Tome and Principe, targeted city councils, the Federation of NGOs, civil society and local communities.

Monitoring, evaluation and programme management

36. The Ministry of Foreign Affairs and Cooperation is the national coordinating body for the programme of cooperation, in close partnership with the Ministry of Planning. Monitoring, research and evaluation activities for the country programme will be coordinated through the use of a five-year integrated monitoring and evaluation plan (IMEP). The country management team will use the IMEP and the annual results-based matrices for effective programme management on the ground. Both the country programme and the UNDAF will have a MTR in 2009.



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Draft short-term country programme document

Togo

Summary

The draft short-term country programme document for Togo is presented to the Executive Board for discussion and approval. The Executive Board is requested to approve the aggregate indicative budget of $2,269,000 from regular resources, subject to the availability of funds, and $2,529,000 in other resources, subject to the availability of specific-purpose contributions, for 2007.

The situation of children and women

1. The situation in Togo over the last five years has remained characterized by a political stalemate which reached its climax in April 2005, as well as by the continued imposition of economic sanctions which have led to a drastic decrease in development aid and a progressive decline in health and education services. Despite this context, there have been a number of positive developments. The under-five mortality rate declined from 141 per 1,000 live births in 1998 to 138.3 per 1,000 live births in 2003. Despite this decrease, an annual reduction of 6.3 per cent in under-five mortality will be required to achieve Millennium Development Goal 4 by 2017. Similarly, the proportion of one-year-olds immunized against measles and of children who have received three doses of the combined diphtheria/pertussis/tetanus vaccine (DPT3) increased from 48 and 59 per cent respectively in 2002 to 70 and 82 per cent in 2005. The eradication of maternal and neonatal tetanus in Togo was also confirmed this year by the World Health Organization

* E/ICEF/2006/10.

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(WHO) following a survey conducted jointly by the United Nations Children's Fund (UNICEF) and WHO in September 2005. In addition, the results of the national survey on the prevalence of iodine deficiency disorders conducted in November 2005 indicate that iodized salt is available in 92 per cent of households, compared with 75 per cent in 2001, and that the national prevalence of goitre is 2 per cent, compared with 7 per cent in 2001.

2. According to the National AIDS Programme, the rate of HIV infection among the general population decreased from 6 per cent in 2000 to 4.5 per cent in 2004, while for pregnant women in urban areas the rate has varied at the various monitoring sites from between 5.5 and 8.2 per cent in 2003 to between 3.3 and 8.3 per cent in 2004. The net enrolment rate in primary school at the national level increased from 76.2 per cent (81 per cent for boys and 71 per cent for girls) in 2000-2001 to 76.8 per cent (80.3 per cent for boys compared with 73.1 per cent for girls) in 2003-2004, which included a reduction in the gender gap.

3. Concerning protection of women and children, partial data collected by various actors are available. They suggest an increase in the phenomena of trafficking, sexual exploitation and abuse, violence and marginalization of children infected with HIV/AIDS, although this is not sufficiently documented. The only reference study conducted in this area in 2002 concluded that 77 per cent of the children interviewed had been victims of physical violence, most often committed in the school or family setting.

Programme of work 2007

Summary budget table

(In thousands of United States dollars)

Programme	*General resources*	*Supplementary funds*	*Total*
Health and nutrition	850	1 264	2 114
Basic education	350	506	856
Integrated basic services and social planning	475	253	728
Protection and advocacy	375	506	881
Cross-sectoral costs	219	—	219
Total	**2 269**	**2 529**	**4 798**

Preparation process

4. The preparation process for the 2007-2011 programme initiated by the United Nations country team was interrupted in February 2005 owing to the socio-political crisis triggered when the head of State was succeeded following his death after 38 years in power. In the light of the delay in forming the Government following the elections, the lack of direction in terms of national priorities at the time and difficulties in mobilizing partners and in the organization and management of the humanitarian response, the United Nations country team decided to postpone the Common Country Assessment and the United Nations Development Assistance

Framework (UNDAF) process, and instead to prepare a transitional programme for 2007 and a five-year programme for 2008-2012.

Goals, key results and strategies

5. The 2007 cooperation programme is part of the continued implementation of the recommendations of the midterm review of the 2002-2006 programme. In the framework of the national transition process, it will contribute to: (a) accelerating the reduction in infant and child mortality as well as improving school access and retention; (b) strengthening the response to the humanitarian situation caused by the post-election violence of 2005, in particular support for the reintegration of refugees; and (c) fostering the development of a protective environment for children and women. The geographic coverage of the current programme, that is, three of the country's five regions and nine of the 35 prefectures, will be maintained, for a total of 1,620,000 people or 30 per cent of the country's total population.

6. The current programme supports the national objectives of the interim poverty reduction strategy paper approved by the Government in 2004, particularly those relating to health, education and the protection of children. It will also support, in close collaboration with the other partners, the implementation of the national strategic framework to combat HIV/AIDS 2006-2010 and the "Education for all 2005-2015" national plan which was approved in December 2005. The review of prospects for achieving the Millennium Development Goals, the government programme and the head of State's blueprint for society have made it possible to define UNDAF's five priorities for 2007: (a) national reconciliation; (b) gender equality and children's rights; (c) reducing maternal mortality; (d) emergency preparedness and response; and (e) strengthening access to HIV/AIDS prevention, care and treatment services. The programme is consistent with these priorities and covers all the practice areas of the UNICEF medium-term strategic plan (MTSP) 2006-2009. The specific recommendations made by the Committee on the Rights of the Child to the Government following its consideration of the periodic report in January 2005 are addressed by the programme.

Programme components

7. **Health and nutrition**. At the decentralized level, the programme will gradually introduce, in the nine convergence districts, integrated approaches to child survival which have proven impact and cost-effectiveness. The key results expected are: (a) at least 50 per cent of children in the five beneficiary districts of the Community Integrated Management of Childhood Illness strategy, the Accelerated Child Development and Survival Strategy and the Integrated Early Childhood Development policy will be cared for in a comprehensive and integrated manner by health services with improved competencies. This care will include the administration of improved oral rehydration salts as well as zinc. The population of these districts is estimated at 958,000, or 18 per cent of the total population; (b) the immunization rate for the DPT3 and measles vaccines will be increased to 80 per cent in the convergence zones; (c) the breastfeeding rate and the number of eligible children under five who receive a dose of vitamin A will reach 60 and 80 per cent respectively; and (d) the proportion of pregnant women and children under five sleeping under insecticide-treated nets will reach 60 per cent. In addition, efficient mechanisms for the coordination, supervision, monitoring and evaluation of measures for the prevention of mother-to-child transmission (PMTCT) of HIV and

primary prevention of HIV/AIDS will be implemented in five of the nine convergence districts. This will enable: (a) 60 per cent of pregnant women, HIV positive mothers and their children to follow the PMTCT protocol and benefit from services; (b) at least 30 per cent of children screened in paediatric services, including orphans and other vulnerable children to receive adequate care; and (c) 80 per cent of young people and adolescents to have access to the information and services of youth-friendly centres and 50 per cent of them to have the skills to protect themselves against HIV.

8. At the macro level, UNICEF will basically support the implementation of the principal strategies of the national "Children and AIDS" campaign by harmonizing activities with efforts towards universal access to prevention, care and treatment services and situating them within the new national strategic framework to combat HIV/AIDS and sexually transmitted infections. This will result in the elaboration of a budgeted plan and the definition of consensual modalities for moving to the intervention phase. The programme will maintain its comparative advantage in prevention of mother-to-child transmission and will continue efforts to strengthen the technical capacities and institutional environment of the National Council to Combat AIDS and the National AIDS Programme. Efforts will focus on the development of funding proposals aimed at obtaining alternative funding for Togo in order to strengthen action to combat HIV/AIDS and improve access to treatment. Concerning prevention among young people, the programme will contribute to efforts made by lead agencies, such as the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS and the relevant governmental agencies for the national review of life skills teaching, the finalization and approval of the methodological framework for the "peer education" approach and the validation of the analysis of the situation of young people and teenagers, with a view to developing a national HIV prevention plan for young people and teenagers.

9. **Basic education**. The objectives and main aspects of the programme's activities are being maintained as revised after the 2004 midterm review. The main result expected is that 80 per cent of school-age girls in the convergence districts will attend school and receive quality teaching on the same basis as the boys. A national strategy for the optimum development of young children will be designed. Parent skills training and improvement of the functioning of the early childhood education centres will continue within the framework of the integrated development of young children. In addition to the children currently targeted by the programme, at least 3,000 additional children, especially girls, at risk of dropping out or already outside the formal education system will benefit from specific interventions based on strategies to be developed in 2006. As part of the national "Children and AIDS" campaign, UNICEF will support the introduction of the new curriculum including HIV/AIDS and daily life skills, as well as the strengthening of participant capacities. Extracurricular activities will also be promoted, as well as support for schoolchildren affected by HIV/AIDS.

10. **Protection and Advocacy**. One of the recommendations of the midterm review was the establishment of this programme, with a view to addressing the many emerging problems relating to the protection of children. In addition to the establishment of mechanisms to coordinate State and non-governmental actors, key results expected in 2007 include the adoption of legal and legislative texts (Children's Code) and their implementation (Law on Child Trafficking), legal and

social workers who are better-informed about children's rights and who protect children, and families and communities who protect all children in the convergence areas. The qualitative and quantitative studies planned for 2006 on exploitation, violence and sexual abuse, children affected by HIV/AIDS and the reintegration of victims of child trafficking will provide better knowledge of these problems. Support will be provided for: (a) the official adoption and implementation of a national plan of action on children orphaned and made vulnerable by HIV/AIDS; and (b) the definition of a multisectoral coordination mechanism and guiding principles to serve as a frame of reference for all actors in the area of orphans and other vulnerable children. UNICEF's action will take place in the context of partnership and cooperation with other actors (Plan International, International Labour Organization/International Programme on the Elimination of Child Labour and International Federation Terre des Hommes) which under UNICEF's guidance, have been developing rapidly since 2005.

11. **Integrated basic services and social planning**. This programme was formed on the basis of a merger between the community capacity-building programme and the monitoring and evaluation project following the midterm review. Three key results are expected: (a) at least 50 villages with village action plans to address children's concerns will have access to a minimum package of basic services, and will use and manage them rationally; (b) dracunculiasis transmission will be halted through surveillance of areas now free of the disease and the provision of safe drinking water; (c) children's issues will be known and taken into account in planning, programming and decision-making at the national, regional and community levels. UNICEF's action will be consistent with the approach of the United Nations country team aimed at supporting the Government in the development of a triennial investment programme in the health, education, water supply, sanitation and food security sectors and the protection of vulnerable groups, advocacy which takes into account the specific country context in terms of Official Development Assistance will also be carried out in order to fund this programme.

12. Emergency preparedness and response will be systematically integrated into each of these programmes based on the Core Corporate Commitments for Children in Emergencies. Under the coordination of the Country's High Commissioner for Refugees and Humanitarian Action, UNICEF and the other agencies of the United Nations system will provide technical and financial support for the implementation of the national plan of action developed by the Government to prepare and assist with the return and reintegration of internally displaced persons and refugees. UNICEF will support the Government in the development and large-scale implementation of a communications strategy on avian flu appropriate to local conditions while strengthening capacities to provide for the health and well-being of the public, in particular children, by helping them to adopt health and nutrition practices to check the spread of the disease.

Principal partnerships

13. The only new major partnership anticipated will be developed with the collaboration of *Family Health International* of the *United States Agency for International Development*, through its project AWARE, in the field of neonatal mortality reduction, in collaboration with WHO and UNFPA.

Monitoring, evaluation and programme management

14. An end-of-cycle review of the 2002-2006 cooperation programme will be conducted jointly by the Government of Togo and UNICEF in 2007. The results of the third multiple indicator clusters survey now under way will make it possible to strengthen the information environment in which the transition programme will be implemented.